

PART B—ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents
Washington, D.C. 20231

JUN 19 2000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MMC1/0511

E ERIC HOFFMAN
BEVER & HOFFMAN
2099 GATEWAY PLACE SUITE 320
SAN JOSE CA 95110-1017

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Barbara Taylor

(Depositor's name)

Barbara Taylor

(Signature)

6/16/00

(Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|---|-------------|--------------|-----------------------------|---------------|
| 09/185,057 | 11/02/98 | 032 | HO. H | 2818 05/11/00 |
| First Named Applicant | | | | |
| LIEN. 35 USC 154(b) term ext. = 0 Days. | | | | |

TITLE OF INVENTION

LOW-POWER CONTENT ADDRESSABLE MEMORY CELL

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------|----------|
| 2 IDT-1548 | 365-049.000 | M41 | UTILITY | NO | \$1210.00 | 08/11/00 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bever, Hoffman & Harms

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Integrated Device Technology, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Santa Clara, CA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee

☐ Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Isabelle R. McAndrews #34,998

(Date) 5/24/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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06/20/2000 CV0222 00000081 090437 09185057
01 FC:142 1210.00 CH
02 FC:561 30.00 CH
5/11/00